

Permit No.	
Date Issued	

## CAMP ACTON TOWN OF ACTON DAY USE & OVERNIGHT CAMPING PERMIT

NAME		GROUP (if applicab <u>le)</u>			
ADDRESS		EMAIL (required)			
		PHONE			
Please fill out the followin attach additional sheet if			s of your party, including children,		
NAME		AGE	VEHICLE PLATE # & STATE		
Date of arrival					
Time of Departure: 10:00 AM (late	vation Lands are  In case of em	patrolled by the Acton Po	of Campers Per Site = 10 total  Dlice Department:		
Comments/Special Requests:					
instructors, their heirs, assign judgments, executions, cost ar	s, and the administr d any and all other c m all known or unkn	ators/employees from any an laims or damages whatsoever	on Commission, its members, officers, and all actions, claims, demands, damages both in law or in equity, on accentuate of ous suffering, or any damages from my/my		
Signature Required			Date		
please contact the Town of Ac is onsite from April 1st though	ton Recreation Secre Nov. 30 <sup>th</sup> . Please of	etary (978) 929-6436. All item display a copy of the signed <sub>l</sub>	es Department. For questions/comments are carry-in, carry-out. A portable toile permit easily visible to local authorities or day or overnight use by the Recreation		
	Natural Re	sources Department	Date Approved		

FIRE & POLICE DEPARTMENTS: IF CONDITIONS DO NOT WARRANT A CAMPFIRE PLEASE CONTACT THE REGISTRANT(S) NOTED ABOVE. THANK YOU.